

# Prior Authorization Request Form for Cymbalta (duloxetine)



5671

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

MAIL ORDER  
and  
RETAIL

- The provider may **call**: 1-866-684-4488  
or the completed form may be **faxed** to:  
1-866-684-4477

- The patient may attach the completed form  
to the prescription and **mail** it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**  
or **email** the form only to:  
**TPHarmPA@express-scripts.com**

Prior authorization criteria and a copy of this form are available at: [http://pec.ha.osd.mil/forms\\_criteria.php](http://pec.ha.osd.mil/forms_criteria.php). This prior authorization has no expiration date.

## Step 1 Please complete patient and physician information (please print):

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
	_____		_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth:	_____	Secure Fax #:	_____

## Step 2 Please complete the clinical assessment:

1. What is the diagnosis?	<input type="checkbox"/> Depression, generalized anxiety disorder (GAD), or other psychiatric condition	Proceed to <b>Step 3</b> on following page
	<input type="checkbox"/> Neuropathic pain <input type="checkbox"/> Fibromyalgia	Proceed to <b>Step 4</b> on following page
	<input type="checkbox"/> Other (specify): _____	Coverage not approved

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## Step 3 Depression, generalized anxiety disorder (GAD), or other psychiatric condition

1. The Step 1 agents are: **1) venlafaxine** [Effexor, Effexor XR]; **2) SSRIs** [selective serotonin reuptake inhibitors, citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline]; **3) nefazodone, trazodone**; **4) bupropion HCL** [Wellbutrin]; **5) mirtazapine** [Remeron]; **6) TCAs** [tricyclic antidepressants: amitriptyline (Elavil), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil)]; and, **7) MAO inhibitors** [monoamine oxidase inhibitors: Emsam, Marplan, Nardil, Parnate].

Proceed to question 2

2. Are ALL of the Step 1 agents listed above contraindicated in this patient?

Yes  
Sign and date below

No  
Proceed to Question 3

3. Has the patient previously responded to Cymbalta and changing to a Step 1 agent would incur unacceptable risk?

Yes  
Sign and date below

No  
Proceed to Question 4

4. Has the patient tried one of the Step 1 agents and experienced adverse effects?

Yes  
Document agent(s) in 6

No  
Proceed to Question 5

5. Has the patient had an adequate therapeutic trial with one of the Step 1 agents and the use resulted in therapeutic failure?

Yes  
Document agent(s) in 6

No  
Coverage not approved

6. DOCUMENT the Step 1 agent(s) that has been tried, then sign and date below:

## Step 4 Neuropathic pain, Fibromyalgia

1. The Step 1 agents are: **1) venlafaxine** [Effexor, Effexor XR]; **2) gabapentin** [Neurontin]; **3) TCAs** [tricyclic antidepressants: amitriptyline (Elavil), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil)]; and, **4) cyclobenzaprine**.

Proceed to question 2

2. Are ALL of the Step 1 agents listed above contraindicated in this patient?

Yes  
Sign and date below

No  
Proceed to Question 3

3. Has the patient previously responded to Cymbalta and changing to a Step 1 agent would incur unacceptable risk?

Yes  
Sign and date below

No  
Proceed to Question 4

4. Has the patient tried one of the Step 1 agents and experienced adverse effects?

Yes  
Document agent(s) in 6

No  
Proceed to Question 5

5. Has the patient had an adequate therapeutic trial with one of the Step 1 agents and the use resulted in therapeutic failure?

Yes  
Document agent(s) in 6

No  
Coverage not approved

6. DOCUMENT the Step 1 agent(s) that has been tried, then sign and date below:

## Step 5 I certify the above is true to the best of my knowledge.

Please sign and date:

\_\_\_\_\_  
Prescriber signature

\_\_\_\_\_  
Date

[ 18 April 2012 ]